

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/674 092	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3	1					
4	1					
5		1				
6	1					
7		①		1		
8	1		1			
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TOTAL IND.	b		c			
TOTAL DEP.	Q	↔	↔	↔	↔	↔
TOTAL CLAIMS	B	↔	C	↔	D	↔

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL CLAIMS								